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APPLICANTS

Theodore Carter Briggs, Plano, TX;

Jay Tsao, Plano, TX;

** CONTINUING DATA **** *✓ none*** FOREIGN APPLICATIONS **** *✓ none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/23/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	7	24	5
Verified and Acknowledged	<i>sw</i> Examiner's Signature	Initials			

ADDRESS

22879
 HEWLETT PACKARD COMPANY
 P O BOX 272400, 3404 E. HARMONY ROAD
 INTELLECTUAL PROPERTY ADMINISTRATION
 FORT COLLINS , CO
 80527-2400

TITLE

Systems and methods of partitioning data to facilitate error correction

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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